

RECEIVED

Am

AUG 26 2011

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

MICHAEL W. DOBBINS
CLERK, U. S. DISTRICT COURT

GRACE LAURA STOVALL

5112 S. INGLESIDE AVE. CHGO, IL 60615

Plaintiff(s),

VS.

ILLINOIS WORKERS COMPENSATION COMMISSION
MITCH WEISZ CHAIRMAN

C. PARKS, EXC. DIR. & J. PRIETO: ARBITRATOR ET. AL
100 W. RANDOLPH - CHGO., IL

Defendant(s).

11CV5945
JUDGE SHADUR
MAG. JUDGE MASON

COMPLAINT FOR VIOLATION OF CONSTITUTIONAL RIGHTS

This form complaint is designed to help you, as a pro se plaintiff, state your case in a clear manner. Please read the directions and the numbered paragraphs carefully. Some paragraphs may not apply to you. You may cross out paragraphs that do not apply to you. All references to "plaintiff" and "defendant" are stated in the singular but will apply to more than one plaintiff or defendant if that is the nature of the case.

- This is a claim for violation of plaintiff's civil rights as protected by the Constitution and laws of the United States under 42 U.S.C. §§ 1983, 1985, and 1986.
- The court has jurisdiction under 28 U.S.C. §§ 1343 and 1367.
- Plaintiff's full name is GRACE LAURA STOVALL.

If there are additional plaintiffs, fill in the above information as to the first-named plaintiff and complete the information for each additional plaintiff on an extra sheet.

SEE ATTACHED

United States Court Northern District of Illinois Eastern Division

Grace L. Stovall

V.

Illinois Workers' Compensation

Case #: 2008 WC 30770

Mitch Weisz :Chairman

Carolyn Parks: Executive Director

Joseph Prieto: Arbitrator

et. al

Complaint Narrative

From inception and to date I, Grace L. Stovall, have been intentionally and maliciously denied my right to trial through numerous continuances from hearing to hearing going on three (3) years in the interest of the Insurance Company AIG with assistance of the above stated defendants to the point that the Statue of Limitation might go into effect with oversight or improper attention.

For almost three (3) years I, Grace L. Stovall, have been ill advised, rendered misinformation, and been the victim of malpractice on the part the attorneys involved in my representation. (See attached Case Documentation). All action in this case has been outside the realm of my best interest.

I was virtually intimidated and threatened on several occasions by Arbitrator Prieto to secure new counsel after being unable to replace the prior counsel. After submitting written notice to the Executive Director of the Commission regarding my inability to secure representation I was informed only that there was no assistance for me to proceed on a Pro Se basis. The attached case history will support the fact that I have been denied my rights in every sense of the definition.

I have included copies of all documentation in my possession regarding this case and my claim before the Illinois Workers' Compensation, for Court perusal.

Injuries and Damages

As a result of these violations of my rights I have been subjected to severe conditions of destitution which includes occasional relief as an indigent in public shelters. My state of depression ,on occasion, became so acute that I was prescribed and admitted to the Madden Hospital in order to collect and reorganize my emotional state.

I have been systematically denied medical treatment for conditions stemming from the initial injuries sustained in the above mention Case. The consulting physician was compensated without my knowledge at the time of occurrence. Documentation has been included to verify. Further the denial of medical treatment for the injuries initially sustained has resulted my condition growing from worse to critical. The pain is beginning to render me disable.

 Seal

Date: 8-24-2011

10. Plaintiff further alleges as follows: *(Describe what happened that you believe supports your claims. To the extent possible, be specific as to your own actions and the actions of each defendant.)*

SEE ATTACHED

11. Defendant acted knowingly, intentionally, willfully and maliciously.

12. As a result of defendant's conduct, plaintiff was injured as follows:

SEE ATTACHED

13. Plaintiff asks that the case be tried by a jury. ☐ Yes ☒ No

14. Plaintiff also claims violation of rights that may be protected by the laws of Illinois, such as false arrest, assault, battery, false imprisonment, malicious prosecution, conspiracy, and/or any other claim that may be supported by the allegations of this complaint.

WHEREFORE, plaintiff asks for the following relief:

- A. Damages to compensate for all bodily harm, emotional harm, pain and suffering, loss of income, loss of enjoyment of life, property damage and any other injuries inflicted by defendant;
- B. ☒ (Place X in box if you are seeking punitive damages.) Punitive damages against the individual defendant; and
- C. Such injunctive, declaratory, or other relief as may be appropriate, including

attorney's fees and reasonable expenses as authorized by 42 U.S.C. § 1988.

Plaintiff's signature: _____

Plaintiff's name (print clearly or type):

Plaintiff's mailing address:

City

State

ZIP

Plaintiff's telephone number: (773)

Plaintiff's email address (if you prefer to be contacted by email): _____

15. Plaintiff has previously filed a case in this district. ☐ Yes ☒ No

If yes, please list the cases below.

Any additional plaintiffs must sign the complaint and provide the same information as the first plaintiff. An additional signature page may be added.

ILLINOIS WORKERS' COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER

9249

ATTENTION: Please type or print. Answer all questions. File four copies of this form. Attach a recent medical report.

Workers' Compensation Act ☒ Occupational Diseases Act ☐ Fatal case? No ☒ Yes ☐ Date of death _____

Grace Stovall
Employee/Petitioner

Case # **08 WC 30770**

Arbitrator Joseph Prieto

Badger Newell Health Services
Employer/Respondent

Setting **Chicago**

To resolve this dispute regarding the benefits due the petitioner under the Illinois Workers' Compensation or Occupational Diseases Act, we offer the following statements. We understand these statements are not binding if this contract is not approved.

Grace Stovall
Employee's name

1356 E. Hyde Park Blvd., Apt. B Chicago, IL 60615
Street address City, State, Zip code

Badger Newell Health Services
Employer's name

5518 W. Devon Ave. Chicago, IL 60646
Street address City, State, Zip code

Employee's Social Security # **350-58-6804**

Male ☐ Female ☒

Married ☐ Single ☒

Dependents under age 18 **0**

Birthdate **8/22/62**

Average weekly wage \$ **460.00**

Date of accident **6/27/08**

How did the accident occur? **Fall in bathroom**

What part of the body was affected? **Neck, Back, Arms, Legs, Hands**

What is the nature of the injury? **Strains (Disputed)**

The employer was notified of the accident orally ☒ in writing ☐.

Return-to-work date **9/12/08 (Disputed)**

Location of accident **Chicago, Illinois**

Did the employee return to his or her regular job? Yes ☒ No ☐

If not, explain below and describe the type of work the employee is doing, the wage earned, and the current employer's name and address.

NOT TRUE

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for **10 2/7** weeks at the rate of \$ **306.67**/week.

The employee was temporarily totally disabled from **7/2/08 (Disputed)** through **9/11/08 (Disputed)**.

MEDICAL EXPENSES: The employer has ☐ has not ☒ paid all medical bills. List unpaid bills in the space below.

SEE TERMS

PREVIOUS AGREEMENTS: Before the petitioner signed an Attorney Representation Agreement, the respondent or its agent offered in writing to pay the petitioner \$ **0** as compensation for the permanent disability caused by this injury.

An arbitrator or commissioner of the Commission previously made an award on this case on ___ regarding

TTD \$ **0** Permanent disability \$ **0** Medical expenses \$ **0** Other \$ **0**



12/13/10

Dear Ms. Stovall,

We have received the physical therapy prescription from Dr. Gupta for physical therapy treatment. We have left numerous of messages for Steve Pruet at Charter Insurance, but no one has returned our telephone calls to authorize physical therapy. Therefore, we are not able to provide physical therapy services until we receive the authorization. You can pay for the treatment out of pocket at a self-pay rate at \$85 per visit.

Please feel free to contact us, if you have any questions or concerns.

Thank You,


M. Guy
PCA Hyde Park



THE UNIVERSITY OF CHICAGO
DEPARTMENT OF SURGERY
SECTION OF ORTHOPAEDIC SURGERY
AND REHABILITATION MEDICINE

PURNENDU GUPTA, M.D.
*Pediatric and Adult
Scoliosis and Spine Surgery*

University of Chicago Spine Center

5841 S. Maryland Ave. MCM7P
Chicago, IL 60637
Office: 773-702-6213 fax: 773-702-6214
Appointments: 773-564-1551

Weiss Memorial Hospital
4646 North Marine Drive
Chicago, IL 60640
Appointments: 773-564-Spine

PHYSICAL THERAPY ORDERS

Patient's

Name Grace Stowell

D.O.B. 8-22-62

Cervical Spine Physical Therapy:

Diagnosis: neck pain

- * Active R.O.M.
- * Isometric Strengthening
- * Local Modalities:
 - Heat / Ice
 - Ultrasound
 - Electrical Stimulation
- * Massage
 - Cervical Traction
 - 2-3 times a week times 4-6 weeks.
 - No Manipulative Treatment

Lumbar Spine Physical Therapy:

Diagnosis: back pain

- * Active R.O.M.
- * Local Modalities:
 - Heat / Ice
 - Ultrasound
 - Electrical Stimulation
- * Massage
- * Trunk and Pelvic Stabilization using Swiss Ball.
 - William's Flexion Exercises.
 - McKenzie Based Exercises.
 - 2-3 Times a week times 4-6 weeks with home program.

Aquatherapy:

Diagnosis: _____

Right / Left Hip Physical Therapy:

Diagnosis: _____

- Abductor Stretching and Strengthening Exercises
- Local Modalities:
 - Iontophoresis
 - Heat / Ice
 - Ultrasound
- Massage

Right / Left Shoulder Physical Therapy:

Diagnosis: _____

- R.O.M.
- Rotator Cuff Strengthening
- Local Modalities:
 - Iontophoresis
 - Heat / Ice
 - Ultrasound
- Scapulothoracic Stabilization

Purnendu Gupta, M.D.

12-1-10
Date

REPEAT DENIAL
From 2008

*All debts & costs cannot pay
2008 for schedule*

THIS DOCUMENT CONTAINS 2 COLOR BACKGROUND, TONER GRIP, AND WATERMARK PAPER - HOLD TO LIGHT TO VIEW

AMERICAN HOME ASSURANCE COMPANY

50-937/213

00625899

Claim No.: 00523497

Check No.: 14939192

09/18/2010

ORG: 4859.00 ACT: STOGRO00 070208-082508

PAY **FOUR THOUSAND TWO HUNDRED FIFTY TWO DOLLARS AND
68 CENTS

TO HYDE PARK MEDICAL CENTER
THE 5307 S HYDE PK BLVD STE 203
ORDER CHICAGO
OF IL

710

Pay

*****\$4,252.68

VOID AFTER NINETY DAYS

JPMORGAN CHASE BANK, N.A.
SYRACUSE

NY

60615

[Signature]
AUTHORIZED SIGNATURE

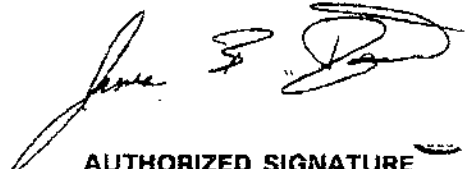
⑈14939192⑈ ⑆021309379⑆

786420539⑈

*4252.68
1699.98
5747.66*

*Bellad 6789.00
PA 5747.66
Bal 1051.34*

Plaintiff: Grace Stovall had no knowledge of
this action at time of occurrence.

THIS DOCUMENT CONTAINS 2 COLOR BACKGROUND, TONER GRIP, AND WATERMARK PAPER - HOLD TO LIGHT TO VIEW	
AMERICAN HOME ASSURANCE COMPANY	50-937/213
00625902 Claim No.: 00523497	Check No.: 14939193
ORG: 1940.00 ACT: STDGR000 082608-093008	09/18/2010
PAY **ONE THOUSAND SIX HUNDRED NINETY FOUR DOLLARS AND **88 CENTS**	
TO HYDE PARK MEDICAL CENTER THE 5307 S HYDE PK BLVD STE 203 ORDER CHICAGO OF IL 60615	710 Pay *****\$1,694.88 VOID AFTER NINETY DAYS  AUTHORIZED SIGNATURE
JPMORGAN CHASE BANK, N.A. SYRACUSE NY	

⑈14939193⑈ ⑆021309379⑆

786420539⑈

Current	30 days	60 days	90 days	Outstanding	Patient	Please Pay
\$0.00	\$0.00	\$0.00	\$0.00	\$3,500.00	\$3,500.00	\$3,500.00

THE UNIVERSITY OF CHICAGO MEDICAL CENTER

THE BERNARD MITCHELL HOSPITAL
CHICAGO LYING-IN HOSPITAL
UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL

PAGE 2 OF 2

15965 Collections Center Drive
CHICAGO, ILLINOIS 60693

1062

GUARANTOR NAME: STOVALL, Grace L.

GUARANTOR #: 835631

SERVICE DATE	CHARGE CODE	QTY	DESCRIPTION	AMOUNT	BALANCE
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Please refer to the individual message listed with each account below. If you have any questions, please contact us at 773-702-6664 or out-of-state 800-827-0125. We appreciate your immediate attention. Thank you.

Patient Name: STOVALL, Grace L. MITCHELL EMG ROOM - ICD: 959.9
 Account Number: 323935692 Med Rec#: 00808038
 Examining Doctor: SHARP, WILLARD Examining ID#:1306976816
 Attending Doctor: SHARP, WILLARD Attending ID#:1306976816

9/17/2010	21419	1	ERMN-ED VT EXP PROB FOCSD MODER SEVERITY	1,762.00
9/17/2010	28140	1	ERMN-THERAPEU PRPHYLCTC/DIAG INJ;SUBQ/IM	116.00
9/17/2010	21442	1	ERMN-VACCINE ADMINISTRATION 1ST VAC	.00
9/18/2010	7740493	1	IBUPROFEN 600 MG ORAL TAB	.26
9/18/2010	7743612	1	DIPH,PERTUSS(ACELL),TET VAC-PF 2-5-3-5-5	10.61
9/18/2010	10040	1	GDGP-RAD EXAM HAND; MINI 3 VIEWS	361.00
9/18/2010	10067	1	GDGP-X-RAY, SHOULDER; COMP, MIN 2 VIEWS	386.00
			Total Charges for Outpatient Services	2,635.87

9/25/2010	9391504		FINB-SPECIAL SP DISCOUNT	658.97-
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Amount Currently Due from Guarantor

1,976.90

Please pay the balance listed as due on this account, or notify us immediately if you have insurance that will pay the charges on this bill.

Grace Stovall
5112 S. Ingleside Ave.
Chicago, IL 60615
June 29, 2010

VIA FACSIMILE

Law Office
Attorney Warren Mark
205 W. Randolph - Suite 840
Chicago, IL 60606
Fax: 312 332-4280
Phone: 312 332-2556

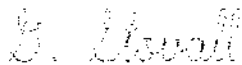
Re: **Stovall vs AIG**

Dear Counselor:

Thank you for your response. After my perusal of the proposal, I find, unfortunately, that it remains extremely inadequate. Your itemized breakdown of the disbursement of funds remains incomplete. It fails to provide adequate revenue to cover complete medical cost and the advance. Taking into consideration, under the current proposal, that all expenses are pending extraction from the mere sum of Seventeen Thousand Six Hundred Thirty Three Dollars & 36/100, **(\$17,633.36)** leaving me subject to a mere pittance for my compensation, or possibly owing money, I can not sign this agreement in good faith.

Unfortunately you continue demonstrate your failure to act in the best interest of your client. Therefore, I am in agreement of an arbitration hearing / trial for the purpose of further assessing this matter not for a **motion and order** of this proposal which is not in my best interest. This is my final position please advise me of yours that I might be able to reach a reasonable decision regarding this matter. Again thank you for attention.

Sincerely,



Grace Stovall

PS: My current mailing address is 5112 S. Ingleside Ave. - Chicago, Illinois 60615

GS:pcf

WARREN W. MARK, P.C.

ATTORNEY AT LAW

205 W. RANDOLPH ST. SUITE 840

CHICAGO, ILLINOIS 60606

TELEPHONE

AREA CODE (312) 332-2556

FAX (312) 332-4280

June 29, 2010

Ms. Grace Stovall
5112 S. Ingleside Ave.
Chicago, IL 60615

RE: GRACE STOVALL
VS. BADGER NEWELL HEALTH SERVICES
DA: 6/27/08
MY FILE NO. 07-414
IWCC NO. 08WC30770

Dear Ms. Stovall:

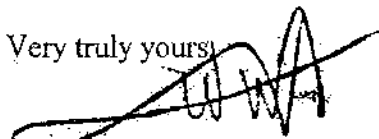
Please be advised that since you did not accept the settlement offer tendered to you by the respondent, be advised that I have set this case for hearing on the next date of August 27, 2010.

Please contact my office immediately and make an appointment with my trial attorney, Mr. Leahy to go over each and every medical record so that we can be sure that we have everything in time for the next hearing date.

Please do not appear in court on August 27, 2010, however, contact my office the following work day and I will advise you as to the trial date.

Thanking you in advance for your very kind consideration and cooperation and your patience in this matter, I remain,

Very truly yours,



WARREN W. MARK
WARREN W. MARK, P.C.
WWM/mld
encl.

WARREN W. MARK, P.C.

ATTORNEY AT LAW
205 W. RANDOLPH ST. SUITE 840
CHICAGO, ILLINOIS 60606

August 31, 2010

TELEPHONE
AREA CODE (312) 332-2556
FAX (312) 332-4280

Ms. Grace L. Stovall
5112 S. Ingleside Ave.
Chicago, IL 60615

RE: GRACE L. STOVALL
VS. RAH STAFFING
IWCC NO. 08WC30770
Arbitrator: PRIETO
MY FILE NO. 09-414

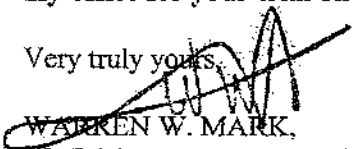
Dear Ms. Stovall:

This letter is to advise you that your above captioned worker's compensation case has now been set for a TRIAL hearing before the Illinois Industrial Commission on September 14, 2010 at 9:30 A.M., and therefore, **you must appear** in my office on this date at 9:00 A.M.

Be advised that your failure to appear at the hearing of this matter could result in your case being dismissed for want of prosecution and your right to recover damages could be forever barred.

Please call this office immediately upon receipt of this letter to confirm your presence in my office for your trial on the aforementioned date.

Very truly yours,


WARREN W. MARK,
WARREN W. MARK, P.C.
WWM/mld

P.S. PLEASE CALL MY TRIAL ATTORNEY, MR. JAMES P. LEAHY (AT 1-847-695-9806), TO CONFIRM YOUR PRESENCE AT THE TRIAL OF THIS MATTER.

cc: Mr. James P. Leahy

Grace Stovall
5112 South Ingleside Ave
Chicago, IL 60615

September 24, 2010

VIA FACSIMILE & US MAIL

Warren W. Mark, PC
Attorney At Law
205 W. Randolph - Ste 840
Fax: 312 332-4280
Phone: 312 332-2556

Re: Grace Stovall
vs Badger Newell Health Services
Inception Date: 6/27/08
AIG - Claim # 710-523497
IWCC NO.: 08WC330770

Dear Counselor:

Please be advised that after careful consideration I have determined that you have failed to deliver any results, in the above mention case, after two (2) years and the fact that the case is currently moving NOWHERE at the speed of light, my only alternative is to **immediately terminate your services along with any and all of your associates as representatives on my behalf.** Considering that your efforts in this matter have basically remained an abomination to the practice of law. I couldn't possibly do any worse in the future representing myself.

Sincerely,

Grace Stovall

Grace Stovall
cc: Meaghan Pijet & Laura Herman AIG Domestic Claims Div. - Workers Compensation

ILLINOIS WORKERS' COMPENSATION COMMISSION
NOTICE OF MOTION AND ORDER

ATTENTION. You must attach the motion to this notice. If the motion is not attached, this form may not be processed.

GRACE STOVALL

Employee/Petitioner

Case # 08 WC 030770

v. RAH STAFFING SERVICES

Employer/Respondent

TO: RAH STAFFING SERVICES

5518 W. DEVON AVE
CHICAGO, ILLINOIS 60646

On April 29, 2011 at 2:00 AM/PM, or as soon thereafter as possible, I shall appear before the Honorable Joseph Prieto, or any arbitrator or commissioner appearing in his or her place at 100 W. RANDOLPH, Illinois, and present the attached motion for:

<input type="checkbox"/> Change of venue (#3072)	<input type="checkbox"/> Fees under Section 16 (#1600)	<input type="checkbox"/> Reinstatement of case (#3074)
<input type="checkbox"/> Consolidation of cases (#3071) (list case#)	<input type="checkbox"/> Fees under Section 16a (#1645)	<input type="checkbox"/> Request for hearing (#R33)
<input type="checkbox"/> Dismissal of attorney (#3052)	<input type="checkbox"/> Hearing under Sect. 19(b) (#1902)	<input type="checkbox"/> Withdrawal of attorney (#3073)
<input type="checkbox"/> Dismissal of review (#3085)	<input type="checkbox"/> Penalties under Sect. 19(k) (#1911)	<input checked="" type="checkbox"/> Other (explain)
	<input type="checkbox"/> Penalties under Sect. 19(l) (#1912)	<u>TRIAL</u>

Grace Stovall
 Signature _____ Petitioner _____ Respondent _____

Attorney's name and IC code # (please print) _____

Name of law firm, if applicable _____

5112 S. INGLESIDE
 Street address _____

CHICAGO, ILLINOIS 60615
 City, State, Zip code _____

773-936-3109
 Telephone number _____

E-mail address _____

ORDER

The motion is set for hearing on _____

Signature of arbitrator or commissioner _____

Date _____

ORDER

The motion is _____ Granted _____ Withdrawn _____ Continued to _____
 _____ Denied _____ Dismissed _____ Set for trial (date certain) on _____

Signature of arbitrator or commissioner _____

Date _____

PREPARED FOR TRIAL REQUEST IGNORED

09-414

ILLINOIS WORKERS' COMPENSATION COMMISSION
NOTICE OF MOTION AND ORDER

ATTENTION. You must attach the motion to this notice. If the motion is not attached, this form may not be processed.

GRACE STOVALL,

Employee/Petitioner

Case # 08 WC 30770

v.

BADGER NEWELL HEALTH SERVICES,

Employer/Respondent

TO: ALEJANDRO A. LOPEZ
THOMAS & ASSOCIATES
300 S. Riverside Plaza, Suite 2330
Chicago, IL 60606

On 8/27/10, at 2:00 XX/PM, or as soon thereafter as possible, I shall appear before
the Honorable Arbitrator Prieto, or any arbitrator or commissioner appearing in
his or her place at 100 W. Randolph St., Chicago, Illinois, and present the attached motion for:

<input type="checkbox"/> Change of venue (#3072)	<input type="checkbox"/> Fees under Section 16 (#1600)	<input type="checkbox"/> Reinstatement of case (#3074)
<input type="checkbox"/> Consolidation of cases (#3071) (list case#)	<input type="checkbox"/> Fees under Section 16a (#1645)	<input checked="" type="checkbox"/> Request for hearing (#R33)
<input type="checkbox"/> Dismissal of attorney (#3052)	<input type="checkbox"/> Hearing under Sect. 19(b) (#1902)	<input type="checkbox"/> Withdrawal of attorney (#3073)
<input type="checkbox"/> Dismissal of review (#3085)	<input type="checkbox"/> Penalties under Sect. 19(k) (#1911)	<input type="checkbox"/> Other (explain)
	<input type="checkbox"/> Penalties under Sect. 19(l) (#1912)	

Signature [Signature] Petitioner XX Respondent

WARREN W. MARKAttorney's name and IC code # (please print)¹WARREN W. MARK, P.C.

Name of law firm, if applicable

205 W. Randolph Street, Suite 840
Street address

Chicago, IL 60606

City, State, Zip code

1-312-332-2556

Telephone number

I.D. #346XXXXXXXXXX**ORDER**The motion is set for hearing on

Signature of arbitrator or commissioner

Date

ORDER

The motion is ☐ Granted ☐ Withdrawn ☐ Continued to
☐ Denied ☐ Dismissed ☐ Set for trial (date certain) on

Signature of arbitrator or commissioner

Date

WARREN W. MARK, P.C.

ATTORNEY AT LAW
205 W. RANDOLPH ST. SUITE 840
CHICAGO, ILLINOIS 60606

May 25, 2010

THOMAS & ASSOCIATES
Attorneys at Law
300 S. Riverside Plaza, Suite 2330
Chicago, IL 60606

TELEPHONE
AREA CODE (312) 332-2556
FAX (312) 332-4280

Attn: Mr. Alejandro A. Lopez

Fax No. 1-866-794-4702

RE: GRACE L. STOVALL
VS. RAH STAFFING SERVICES
DA: 6/27/08
IWCC NO. 08WC30770
MY FILE NO. 09-414

Dear Mr. Lopez:

I am sorry that I "stepped on your toes" when we spoke by telephone. Maybe I was being too optimistic, but I was sure that a settlement of 12 and 1/2% = \$17,250.00 plus 10 weeks of disability @ \$3,066.00 would be approved by your insurance company. I felt this way because you had previously recommended a higher sum, and had indicated that this lower amount, would probably be approved.

The reason why I am pressing to settle, is not because of the attorney's fee.

My client, after a long meeting in my office, decided to settle for the above captioned amount. The delay in your getting the approval from the adjuster has hurt my position with my client.

Hopefully you will be able to forward to me the settlement contracts as soon as possible.

Thanking you in advance for your kind cooperation, I remain,

Very truly yours,

WARREN W. MARK
WARREN W. MARK, P.C.
WWM/mld

cc/ ✓ Ms. Grace L. Stovall
1356 E. Hyde Park Blvd., Apt. B
Chicago, IL 60615

TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee. The Respondent offers and the Petitioner agrees to accept the following lump sum settlement in full, final and complete settlement for any and all claims of any kind, nature and description, under the Illinois Workers' Compensation Act, including but not limited to medical expenses, penalties, and any known or unknown re-injuries and subsequent aggravations to date hereof which allegedly resulted from or began with the accident of June 27, 2008. Review under Sections 8(a) and 19(h) are specifically waived. Respondent specifically denies liability for this claim and this offer is made solely for the purpose of purchasing peace and settling matters between the parties. The lump sum settlement is \$17,633.36 which represents loss of use of 11% Man as a whole, disputed TTD of eight (8) weeks, and medical expenses. The claimant in this case has not applied for Social Security Disability Insurance ("SSDI") and is not classified by Medicare as having a "reasonable expectation of Medicare enrollment within 30 months." As such, this claim does not meet Medicare's current review thresholds as described in the July 11, 2005 and April 24, 2006 Medicare Policy Memoranda. The claimant has not applied, and has no plans to apply for SSDI. It is not anticipated or foreseeable that the claimant will become eligible for Medicare in the near future. Therefore, no funds are being set aside for the claimant's future Medicare-covered treatment.

Total amount of settlement \$ 17,633.36
 Deduction: Attorney's fees \$ _____
 Deduction: Medical reports, X-rays \$ _____
 Deduction: Other (explain) \$ _____
 Amount employee will receive \$ _____

PETITIONER'S SIGNATURE. Attention, petitioner. Do not sign this contract unless you understand all of the following statements. I have read this document, understand its terms, and sign this contract voluntarily. I believe it is in my best interests for the Commission to approve this contract. I understand that I can present this settlement contract to the Commission in person. I understand that by signing this contract, I am giving up the following rights:

1. My right to a trial before an arbitrator;
2. My right to appeal the arbitrator's decision to the Commission;
3. My right to any further medical treatment, at the employer's expense, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

Signature of petitioner _____
Grace Stovall
 Name of petitioner (please print)

Telephone number _____ Date _____

PETITIONER'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. Based on the information reasonably available to me, I recommend this settlement contract be approved.

RESPONDENT'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. The respondent agrees to this settlement and will pay the benefits to the petitioner or the petitioner's attorney, according to the terms of this contract, promptly after receiving a copy of the approved contract.

Signature of attorney _____
Warren W. Mark #346
 Attorney's name and IC code # (please print)

Date _____

Signature of attorney or agent _____
Alejandro A. Lopez #1454
 Attorney's name and IC code # or agent (please print)

Date _____

Warren W. Mark, PC
 Firm name
205 W. Randolph St., Ste. 840
 Street address

Thomas & Associates
 Firm name
300 South Riverside Plaza, Suite 2330
 Street address

Chicago, Illinois 60606
 City, State, Zip code

Chicago, Illinois 60606
 City, State, Zip code

312 332-2556
 Telephone number

E-mail address _____

312-930-5500 Alejandro.Lopez@charlinsurance.com
 Telephone number E-mail address

American Home Assurance Co.
 Name of respondent's insurance or service company (please print)

ORDER OF ARBITRATOR OR COMMISSIONER:

Having carefully reviewed the terms of this contract, in accordance with Section 9 of the Act, by my stamp I hereby approve this contract, order the respondent to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.

08/29/2010 10:29 13123324258

TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee. The Respondent offers and the Petitioner agrees to accept the following lump sum settlement in full, final and complete settlement for any and all claims of any kind, nature and description, under the Illinois Workers' Compensation Act, including but not limited to medical expenses, penalties, and any known or unknown re-injuries and subsequent aggravations to date hereof which allegedly resulted from or began with the accident of June 27, 2008. Review under Sections 8(a) and 19(h) are specifically waived. Respondent specifically denies liability for this claim and this offer is made solely for the purpose of purchasing peace and settling matters between the parties. The lump sum settlement is \$17,633.36 which represents loss of use of 11% Man as a whole, disputed TTD of eight (8) weeks, and medical expenses. The claimant in this case has not applied for Social Security Disability Insurance ("SSDI") and is not classified by Medicare as having a "reasonable expectation of Medicare enrollment within 30 months." As such, this claim does not meet Medicare's current review thresholds as described in the July 11, 2005 and April 24, 2006 Medicare Policy Memoranda. The claimant has not applied, and has no plans to apply for SSDI. It is not anticipated or foreseeable that the claimant will become eligible for Medicare in the near future. Therefore, no funds are being set aside for the claimant's future Medicare-covered treatment.

Total amount of settlement \$ 17,633.36
 Deduction: Attorney's fees \$ 3,526.68
 Deduction: Medical reports, X-rays \$ 603.30 Medical Records
 Deduction: Other (explain) \$ _____
 Amount employee will receive \$ 13,503.38

PETITIONER'S SIGNATURE. Attention, petitioner. Do not sign this contract unless you understand all of the following statements. I have read this document, understand its terms, and sign this contract voluntarily. I believe it is in my best interests for the Commission to approve this contract. I understand that I can present this settlement contract to the Commission in person. I understand that by signing this contract, I am giving up the following rights:

1. My right to a trial before an arbitrator;
2. My right to appeal the arbitrator's decision to the Commission;
3. My right to any further medical treatment, at the employer's expense, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

Signature of petitioner _____ Grace Stovall _____
 Name of petitioner (please print) Telephone number _____ Date _____

PETITIONER'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. Based on the information reasonably available to me, I recommend this settlement contract be approved.

RESPONDENT'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. The respondent agrees to this settlement and will pay the benefits to the petitioner or the petitioner's attorney, according to the terms of this contract, promptly after receiving a copy of the approved contract.

Signature of attorney _____ Date _____

Warren W. Mark #346
 Attorney's name and IC code # (please print)

Warren W. Mark, PC
 Firm name

205 W. Randolph St., Ste. 840
 Street address

Chicago, Illinois 60606
 City, State, Zip code

312-332-2556
 Telephone number

E-mail address _____

Signature of attorney or agent _____ Date _____

Alejandro A. Lopez #1454
 Attorney's name and IC code # or agent (please print)

Thomas & Associates
 Firm name

300 South Riverside Plaza, Suite 2330
 Street address

Chicago, Illinois 60606
 City, State, Zip code

312-930-5500 Alejandro.Lopez@charismainsurance.com
 Telephone number E-mail address

American Home Assurance Co.
 Name of respondent's insurance or service company (please print)

ORDER OF ARBITRATOR OR COMMISSIONER:
 Having carefully reviewed the terms of this contract, in accordance with Section 9 of the Act, by my stamp I hereby approve this contract, order the respondent to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.

(Rev. 03/09)

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Plaintiff(s)

)

)

Case Number: _____

V.

)

Defendant(s)

)

Judge: _____

)

MOTION FOR APPOINTMENT OF COUNSEL

[NOTE: Failure to complete all items in this form may result in the denial of this motion]

1. I, GRACE L. STAVALL, declare that I am the (check appropriate box)
☒ plaintiff ☐ defendant in the above-entitled proceeding and state that I am unable to afford the services of an attorney, and hereby request the Court to appoint counsel to represent me in this proceeding.
2. In support of my motion, I declare that I have contacted the following attorneys/organizations seeking representation (NOTE: This item must be completed):

but I have been unable to find an attorney because:

See Attached

3. In further support of my motion, I declare that (check appropriate box):
- ☒ I am not currently, nor previously have been, represented by an attorney appointed by the Court in this or any other civil or criminal proceeding before this Court.
- ☐ I am currently, or previously have been, represented by an attorney appointed by the Court in the proceeding(s) described on the back of this page.
4. In further support of my motion, I declare that (check appropriate box):
- ☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* in the proceeding detailing my financial status.
- ☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding, and it is a true and correct representation of my financial status.
- ☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding. However, my financial status has changed and I have attached an Amended Application to Proceed *In Forma Pauperis* to reflect my current financial status.



Paul B. Ankin
Howard H. Ankin
Telly J. Liapis
Scott G. Goldstein

ANKIN LAW OFFICE LLC

Ankin Law Building
162 West Grand Avenue
Chicago, Illinois 60654

T: 312.346.8780
F: 312.346.8781

Derek S. Lax
Jon M. Topolewski
Joshua E. Rudolphi
Matthew H. Licavoli

Of Counsel
Barry G. Doyle

September 20, 2010

Ms. Grace Stovall
5114 S Ingleside Apt 1
Chicago, IL 60615

RE: Legal Inquiries

Dear Ms. Stovall:

This letter follows your inquiry to our office. We are confirming that our office did not accept your potential case and we are performing no legal work on your behalf.

You should know that all cases are subject to time constraints which could bar a case if it is not brought in a timely manner. This is known in the law as a statute of limitations.

My office has not been able to fully consider the merits of your potential case or investigate and research the dates in which your potential case may expire. Accordingly, we have provided you with no opinions concerning the outcome of your potential case or the time in which you have to pursue it. You should act now if you are going to pursue your legal matter.

The telephone number for the Chicago Bar Association attorney referral service is (312)554-2000. The number for the Peoria County Bar Association attorney referral service is (309)674-1224. The number for the Illinois State Bar Association attorney referral service is (217)525-5297.

Thank you for contacting us with your legal questions. There is never a charge to ask us a legal question. Enclosed is my business card in the event that you may need to call us in the future.

Very truly yours,



Howard H. Ankin

HHA/lis

LAW OFFICES OF OSVALDO RODRIGUEZ, P.C.

EMAIL: OSVALDO@OSVALDORODRIGUEZLAW.COM

1010 LAKE STREET SUITE 424
OAK PARK IL 60301
TELEPHONE (708) 445-9674
FACSIMILE (708) 445-9701

*822 FIRST STREET
LASALLE IL 61301
TELEPHONE (877) 613-6037
*BY APPOINTMENT ONLY

January 26, 2011

Via U.S. Mail & Facsimile

@ (773) 324-8667

Ms. Grace Stovall
5112 South Ingleside Avenue
Chicago, Illinois 60615

Dear Ms. Stovall:

Thank you very much for consulting with my office regarding a possible claim. Unfortunately, Osvaldo Rodriguez, P.C. will not be able to assist and represent you in any capacity pertaining to your claim. I have not provided you with legal advice and you will not do so, as I am not being engaged to represent you.

My rejection of your case is not to be considered a determination of its merits, nor be construed as a negative statement on your case. I am simply advising you that I will be unable to represent you.

Please realize that all cases must be filed within specific time periods known as statutes of limitations or the cases become time barred or your rights seriously prejudiced. Any lawsuit must be filed by that time or all rights will be lost relating to the recovery of damages.

You are encouraged to immediately contact competent legal counsel who concentrates in the area of personal injury to evaluate your case, advise you on the statute of limitations, and to take all other appropriate steps to protect your rights. The longer you wait, the more difficult it will be to pursue this claim in the future.

I wish you the best of luck. If you have any questions, do not hesitate in calling.

Very truly yours,

LAW OFFICES OF OSVALDO RODRIGUEZ, P.C.

Osvaldo Rodriguez



Grace StovalL
5112 S. Ingleside Ave.
Chicago, IL 60615
Phone: 773 936-3109 / Fax: 773 324-8667

VIA FACSIMILE

Attention: Atty O. Rodriguez
Fax# 708 445-9701

Dear Councilor,

Just trying to contact you regarding any possible updates to my case # 08 WC 30770.

1. How do we stand in regard to the next hearing date?
2. Is it possible to secure an earlier date?
3. Has there been any communique with opposing council?

Please advise, of course, at your convenience, I am looking forward to hearing from you.
Thanks for your attention it is much appreciated.

Sincerely,



Grace